

Case Number:	CM13-0001110		
Date Assigned:	02/26/2014	Date of Injury:	07/17/1995
Decision Date:	05/07/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 73-year-old man in a work related accident on July 19, 1995. The clinical records provided for review included an October 9, 2013 progress report noted continued complaints of pain in the right knee with associated weakness. Physical examination of the right knee showed trace effusion, tenderness along the patellofemoral joint and medial joint line, motion from 0 to 125 degrees, 5/5 motor strength and crepitation. An MRI scan dated January 16, 2000 showed extensive degenerative changes in the trochlear groove and medial compartment. The claimant was diagnosed with patellofemoral and medial compartment osteoarthritis. An MRI dated March 27, 2013 demonstrated tricompartmental arthrosis. Recent conservative measures were not documented. Recommendation was made for a partial knee replacement (bicondylar) for the claimant's patellofemoral and medial compartment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PARTIAL RIGHT KNEE REPLACEMENT (BICONDYLAR REPLACEMENT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Knee, Bicompartamental Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Procedure: Bicompartamental Knee Replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend bicompartamental knee replacement due to the limited documentation to demonstrate its benefit over the standard total knee replacement procedures. The specific request for bicompartamental procedure given its lack of long-term efficacy and higher complication rate cannot be recommended as medically necessary.

PRE-OPERATIVE ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure: Preoperative Electrocardiogram (EKG).

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for a Pre-operative Electrocardiogram (EKG) would not be necessary.

PRE-OPERATIVE CHEST X-RAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure: Preoperative Testing, General.

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for pre-operative chest x-rays would not be necessary.

COMPUTED TOMOGRAPHY (CT) SCAN OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Procedure: Computed Tomography (CT).

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for a computed tomography (CT) scan of the right knee would not be necessary.

PRE-OP LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure.

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for pre-operative labs would not be necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for a medical clearance would not be necessary.

DISCHARGE PLANNING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: Since the bicompartamental knee replacement is not medically necessary, the request for discharge planning would not be necessary.